

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14735

State File No. 14735
REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 95

FILED MAY 14 1953

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 95	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 4 5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage 0493			
d. FULL NAME OF HOSPITAL OR INSTITUTION 501 Williams St				d. STREET ADDRESS (If rural, give location) 501 Williams St 0			
3. NAME OF DECEASED (Type or Print) DAISY		a. (First) MAE		c. (Last) DENDINGER		4. DATE OF DEATH (Month) (Day) (Year) May 6, 1953	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan 9- 1877	
9. AGE (In years last birthday) 76		10. MONTHS Days Hours Mins		11. BIRTHPLACE (City and State or Foreign Country) Troy, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William O. Connor		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Theodore J. Dendinger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. L.E. Watkins, 501 Williams, Carthage, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic, interstitial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility				INTERVAL BETWEEN ONSET AND DEATH (unknown)	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 5, 1953, to May 6, 1953, that I last saw the deceased alive on May 6, 1953 and that death occurred at 10:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE George H. Wood MD		(Degree or title)		23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 5-7-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 9-1953		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo	
DATE REC'D BY LOCAL REG. 5/8/53		REGISTRAR'S SIGNATURE J.B. Chutkan MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-13-53

Jasper County Health Office

County File Number 53-5-417

Date Filed 5-13-53

JUL 1 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.